

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X 442

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| Establishme 3030 Owner KY Owner's Ac   | ent Address Orar Appl Idress King | ee's Noighborhood Grill s (number and street; city, state, zip code) of line Rd New Albany 4715t c, 11c sley Ave(unitz) Orange Park, F | Purpose: 1. Routine   | Date of Inspection (mm/dd/yr)  9   2   9  Follow-up Release   0  Summary of Violation |                                       | e Date DayS  |
|--|-----------------------------------|--|-----------------------|---|---------------------------------------|--------------|
| Chri   |                                   | stice  | 4. Pre-Operational    | $\begin{bmatrix} C & V & NC & P & R & D \\ & & & & & & & \end{bmatrix}$               |                                       |              |
| Responsible  | Person's l                        | 3-mail   | 5. Temporary 6. HACCP | Menu Typ  | e (Sée back                           | of page)     |
| Certified Fo   | ood Manag                         | tice (11/13/19)  | 7. Other (list)       | 12  | 3                                     | 4_5          |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  |                                   |  |                       |   |                                       |              |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" |                                   |  |                       |   |                                       |              |
| Section#   | C/NC                              | R Narrative  |                       |   | To Be Co                              | rrected By   |
|  |                                   | -FCHD recieved comple  |                       |   | · · · · · · · · · · · · · · · · · · · |              |
|  |                                   | flies in dining area (   | and finding           | ا ۶   |                                       |              |
|  |                                   | hair in food.  |                       | ا   | -                                     |              |
|  | -                                 |  |                       |   |                                       |              |
|  | <u> </u>                          | Observed all Kitchen   | staff to be           | .   |                                       | -            |
|  |                                   |  |                       |   |                                       |              |
|  | Wearing hair restraints. Pest     |  |                       |   |                                       |              |
|  | control is managed by certified   |  |                       |   |                                       |              |
|  | operator ever 2 Weeks.            |  |                       |   |                                       |              |
|  |                                   |  |                       |   | •                                     |              |
|  |                                   | * No violations  |                       |   |                                       | ·            |
|  |                                   |  |                       |   |                                       |              |
|  |                                   |  |                       |   |                                       | <del> </del> |
|  |                                   |  |                       |   |                                       |              |
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|  |                                   |  |                       |   |                                       |              |
|  |                                   |  | · .                   |   |                                       |              |
|  |                                   |  |                       |   |                                       |              |
| Received by (name and title printed):  Tyler Wilkerson, EHS  Tyler Wilkerson, EHS  |                                   |  |                       |   |                                       |              |
| Received by (signature):  Inspected by (signature):  |                                   |  |                       |   |                                       |              |
| cc:  | 7                                 | cc:  |                       | cc;   |                                       |              |